

RETURN FORMS TO OLDE TOWNE YOUTH CENTER OR ACTIVITY CENTER BY 6/28/19

VOLUNTEER AT SUMMERFEST

Saturday, June 29, 2019

4:00 - 11:30pm

Activity Center at Bohrer Park

506 S Frederick Ave

Gaithersburg, MD 20877

FREE - Earn SSL Hours

Student Union & Forever Sisters

Grades 9-12

Maura.Dinwiddie@gaithersburgmd.gov

506 S Frederick Ave

Gaithersburg, MD 20877

301-948-6364 (fax)

301-258-6350

Volunteers will lead children's activities & sell glow sticks as part of a fundraiser for Youth & Community Services. Wear comfortable clothing, bring water, sunscreen, snacks/dinner, or money to purchase food. Food is not provided.

Please note: At times during the event, volunteers are assigned to locations where they are not under direct staff supervision. Volunteers must work independently for portions of the day & complete assigned tasks to earn SSL Hours.



Student Union & Forever Sisters: Volunteer at Summer Fest 6/29/19

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Summer Fest SSL	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ n/a _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: Fwd to Maura

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____